

IMPORTATION OF A MOTOR VEHICLE UNDER BOX 8 OF THE HS-7 FORM

IMPORTER OF R	ECORD Company:		
Contact Person:		E-mail Address:	
Street Address:			
City:		State:	ZIP:
Tel: ()		Fax: ()	
BROKER INFOR	MATION Company:		Filer Code:
Contact Person:		E-mail Address:	
Street Address:			
City:		State:	ZIP:
Tel: ()		Fax: ()	
VEHICLE INFORMATION Make:		Model:	
Model Year:	VIN:		
OFF-ROAD USE	AND FEATURES		
			_
Photos should be	attached showing the vehicle ar	nd its off-road features	5.
FAX request to: (202) 366-1024	NVS-223 National Highway Traffic Safety Administration 400 7 th Street SW Washington, D.C. 20590		
E-mail photos to:	john.lewis@nhtsa.dot.gov		

<u>NOTE</u>: If more than one vehicle, attach an addendum with year, make, model, and VIN for each vehicle. All sections of this form must be complete and submittals in writing must be legible (49 CFR part 551.31). All requests submitted to this office must allow 30 business days for determination.